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Implementation of the United Nations System-wide Action Plan on Drug Abuse Control

Report of the Secretary-General

SUMMARY

In its resolution 48/112 of 20 December 1993 the General Assembly requested that the System-Wide Action Plan on Drug Abuse Control be reviewed and updated on a biennial basis. At its first 1995 session, the Administrative Committee on Coordination requested its Subcommittee on Drug Control to prepare a more operational plan of action based on multi-agency sectoral and/or subsectoral plans of action. This new approach calls for inter-agency collaboration at the planning stage and is an incremental process. The present document contains a condensed version of the first six of these plans of action. Further plans are being elaborated for later inclusion in the System-Wide Action Plan.

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I. THE PURPOSE

1. The development of a system-wide action plan on drug abuse control was first mandated by the General Assembly in its resolution 44/141 of 15 December 1989 aimed at "the full implementation of all existing mandates and subsequent decisions of intergovernmental bodies throughout the United Nations system". The various exercises to develop and update such a plan proved inadequate, however, and served little useful purpose. In recognition of this, the Administrative Committee on Coordination, at its first 1995 session, requested its Subcommittee on Drug Control to review, strengthen and render operational the United Nations System-Wide Action Plan on Drug Abuse Control through the elaboration of specific multi-agency sectoral and/or subsectoral plans of action for drug abuse control at global, regional and subregional levels (ACC/1995/4).

2. The new approach to the System-Wide Action Plan has provided the opportunity to turn it into a working document that in time, when it is more complete, will be usable as a real planning tool. Ideally it will encompass all the mandates and policies of the United Nations system related to drug abuse control and reflect these through commonly agreed-upon, forward-looking strategies under the various major components. Specific activities will ultimately be formulated by individual agencies or groups of agencies to achieve the specified objectives and fill the gaps that become apparent in the process, at the same time avoiding duplication and identifying opportunities for synergy.

3. It is envisaged that connections will also be drawn between the System-Wide Action Plan and other planning tools used by both Governments and international organizations, in order to synchronize activities and focus on varying priorities around the globe. The further development of the System-Wide Action Plan should therefore take into account not only policies and plans of the individual agencies involved but also the existing and emerging country strategy notes, national, regional and subregional programme frameworks and the individual masterplans of the cooperating Governments. The assistance provided to national authorities would thereby acquire a spearheaded focus on requirements rather than ad hoc interventions by the various parts of the system.

II. THE PROCESS

4. Acting on the recommendation of the Administrative Committee on Coordination, its Subcommittee on Drug Control, at its third annual session in July/August 1995, began the process by identifying initial themes to be developed into plans of action for incorporation into the System-Wide Action Plan. Rather than representing highest priority areas, the choice of these particular themes was based on ongoing collaborative activities; subject-matter that was obviously attractive to several agencies; and themes that appeared to be relatively easy to formulate quickly with minimal resource requirements. As a result of these criteria and given the nature of the various participating agencies in the health, education and social fields, the initial plans of action are all on demand reduction. Themes on supply reduction and other sectors and subsectors will follow in due course as the System-Wide Action Plan develops.

The constant updating of the System-Wide Action Plan in the future will ensure that it becomes a living document rather than merely a status report.

5. For each theme, a multi-agency task force, complete with task force manager, was established. In each case the task force manager prepared an initial draft and circulated it to the other members of the task force. These drafts were then amended and recirculated within the task forces until agreement had been reached by all members. The final drafts were then submitted to the United Nations International Drug Control Programme, as secretariat of the Subcommittee, for clearance by the Subcommittee. It is worthy of note that this process did not entail the convening of a single meeting between the task force members as all communications were by electronic means. Furthermore, as each agency was preparing that area within a specific plan of action dealing with its own perspective of the problem and related activities, additional resources were not required.

6. The plans of action reflect the different perspectives and priorities of the agencies. These blend to a whole that goes beyond the mandates of the United Nations International Drug Control Programme and the Commission on Narcotic Drugs - e.g., by including in some cases alcohol and tobacco. This is necessitated by the very nature of the mandates of the various agencies and will eventually contribute to the provision of a complete picture of drug abuse control, enriched by reference to related phenomena.

III. THE RESULT

7. The result of this first step in the process of renewing the System-Wide Action Plan is provided in section V below. The picture provided is far from complete as it consists merely of the initial six plans of action. Through the elaboration of subsectoral plans of action that will eventually form a comprehensive plan covering all aspects of drug abuse control, the System-Wide Action Plan itself has become a process rather than a static document. The activities in the plans of action will constantly be updated as new ones are formulated and old ones become obsolete, and it may even be found that the objectives will change over time as: (a) the drug abuse situation changes; and (b) there are changes in policy direction in one or more of the participating agencies.

8. In general, the plans follow a common pattern agreed upon by the Subcommittee, consisting of a statement of the problem being addressed and a list and description of the desired objectives to be achieved. This is followed by a detailed breakdown of activities being undertaken or planned in specific areas, indicating the responsible agencies and status of funding in each case. Recently completed activities have in some cases been included in order to present a more complete picture and show the ongoing and planned activities in context. With regard to the planned activities, estimates of costing have been provided where possible. However, this denotes no commitment on the part of any agency either to provide the required funding or, indeed, to carry out these activities. Emerging ideas that have not yet been approved by all concerned parties are identified as such.

9. At this initial stage, the System-Wide Action Plan reflects a survey of existing activities and plans and establishes a basis in reality. The exercise has provided the participating agencies, as well as others, with the opportunity to become acquainted with each others' activities. Building on the present status, the system is now in a much better position to initiate cohesive and targeted planning, both individually and jointly, with the commonly agreed objectives in mind.

10. In order to adhere to United Nations regulations on the length of documentation, the System-Wide Action Plan is being submitted without the details of activities. The plans of action reproduced below therefore comprise only the problem statement and objectives, with an indication of the agencies involved. The complete plans of action, with detailed listings of activities by agency and status of funding reports, will be made available by United Nations International Drug Control Programme upon request.

11. Each full plan of action also contains a standard paragraph on monitoring and evaluation, to the effect that: responsibility for monitoring and evaluating individual initiatives under the plan of action lies within the agency responsible for the initiative and will be carried out in line with that agency's own procedures. The Subcommittee on Drug Control has responsibility for monitoring the progress in carrying out the plan of action as a whole and proposing any evaluations that may be needed. As secretariat for the Subcommittee, the United Nations International Drug Control Programme will collect the necessary information from agencies involved in the plan of action to permit the Subcommittee to monitor progress and make adjustments in the plan of action as required. Since the Subcommittee itself has no funds at its disposal, it is not in a position to undertake evaluations of individual plans of action. It may nevertheless recommend to United Nations International Drug Control Programme or other participating agencies that such an evaluation be undertaken and may suggest the possible focus for such an evaluation.

12. The complete version of the System-Wide Action Plan, including details of activities and availability of funding, was made available to the Commission on Narcotic Drugs at its thirty-ninth session as a conference room paper. The Commission found that encouraging progress had been made and noted with satisfaction the approach adopted by the Subcommittee in elaborating the revitalized System-Wide Action Plan. The Commission also recommended that the Economic and Social Council endorse the approach adopted, and call upon relevant agencies within the system to participate actively in the preparation of the System-Wide Action Plan and to integrate it fully into their planning and programming process.

IV. THE FUTURE

13. The following plans of action constitute the embryo of the new System-Wide Action Plan. It is expected that agencies will use the System-Wide Action Plan as a planning tool, helpful in assessing the level of activities in a given area and identifying priorities to be jointly addressed. With regard to additional plans of action, those already identified by the Subcommittee are to be prepared

by their task forces in the course of 1996. Upon clearance, these will then be incorporated into the System-Wide Action Plan.

14. At its fourth annual session, scheduled for 4-6 September 1996, the Subcommittee will review the whole process of plan of action preparation and the System-Wide Action Plan. It will also identify the next set of themes to be prepared. Subsequently the System-Wide Action Plan will be an ongoing process with activities within the plans of action added and deleted as appropriate and new plans of action added until the whole spectrum of drug abuse control is adequately covered. The Subcommittee will also address the challenge posed by the need to ensure full recognition, acceptance and use of the System-Wide Action Plan as a vital planning tool by all relevant agencies.

15. It is anticipated that in due course the need will arise to evaluate the entire System-Wide Action Plan process, particularly its design and monitoring and the level of success in achieving the objectives. The Subcommittee will therefore also be called upon to examine modalities for implementing such an evaluation.

16. The plans of action are expected to prove useful in fund-raising activities, as potential donors will have an oversight of activities and will easily be able to identify areas requiring funding and which they would wish to support.

V. THE PLAN

17. The following is the initial group of plans of action constituting the new United Nations System-Wide Action Plan on Drug Abuse Control. It consists of six subsectoral plans of action addressing various aspects of demand reduction. As subsequent plans of action touching this and other sectors are prepared, they will be grouped within a framework reflecting the areas of substantive concentration in international drug control.

A. Drug abuse prevention in the school environment (plan of action 1)

18. The United Nations Educational, Scientific and Cultural Organization (UNESCO) served as task force manager for the preparation of this plan of action in collaboration with the United Nations International Drug Control Programme and the World Health Organization (WHO).

1. Statement of the issue/problem to be addressed

19. It is generally acknowledged that drug abuse can no longer be explained as an individual problem, it has become a societal phenomenon that tends to destabilize the economic, political and cultural fibre of communities. Over and above personal responsibility, it is the responsibility of society as a whole to participate in promoting a life where drug abuse has no place. This should aim at preventing exclusion, including exclusion from educational opportunities and

thus from participation in decision-making, which is an essential factor for building democracy, and also at preventing violence from festering and, eventually, exploding throughout a society.

20. The abuse of drugs among young people is increasing in countries of the North as well as of the South. There is a diffusion of substance abuse and substance abuse behaviours among countries and regions which may be attributed to many factors, including the impact of external intervention programmes, global supply factors, mobility of populations and/or social modelling.

21. Children and young people are particularly vulnerable to drug abuse; the transition between childhood and maturity often leads to experimenting with certain ideas and practices, including drug-taking. But youth is also a period during which knowledge, beliefs, attitudes, values and skills are acquired, and it is necessary to behave in ways conducive to good health and well-being and to avoid situations likely to lead to taking up the use of drugs.

22. Education is vital to healthy and sustainable human development. Education is the domain in which social cohesion and feelings of belonging to a community can be restored and "learning to be" can be the blueprint for the future. Following international efforts in promoting access to and quality and relevance of education, more than 80 per cent of school-age children worldwide now enrol at primary school level and 70 per cent complete at least four years of education. Educational innovation and change are under way, showing that all countries can take up the challenges of devising educational programmes to fit their means, needs and aspirations.

23. The development of effective education programmes that will help achieve individual practice of excessive risk reduction behaviour is a primary avenue for the prevention of drug abuse and other health-related problems among school-age youth. Research and pilot experiences show that school-based health and preventive education interventions can serve as an effective strategy to help young people to acquire health-related knowledge, values, skills, and practices, to pursue a healthy lifestyle and to work as agents of change for the health of their communities. To be efficient, preventive education should be formative and not simply informative, using methods and techniques that are learner-oriented, task-oriented and situation-oriented, and strive towards providing opportunities to learn decision-making and communication skills, both for young people, parents and the community at large. Tobacco and alcohol, drugs which are legal in most countries, have often been shown to be precursors to the use of illicit substances, and demand reduction strategies should therefore also include education that focuses on delaying and preventing the onset of tobacco and alcohol consumption.

24. Education for the prevention of drug abuse is a long-term process that should run in parallel to drug supply reduction programmes and crop control programmes. It has to be assimilated within and become an integral part of education systems and life-long education. Efficient actions, unfortunately often limited in time and space, must be institutionalized at national and local levels, and the major challenge to achieving this goal is the development of curricula to facilitate the learning of appropriate skills for health promotion and primary prevention.

2. Objectives

25. Schools have a unique position for promoting the positive values inherent in accepting healthy lifestyles and quality of life for all people. The challenge is enormous but reachable if the objectives enumerated below are met.

Objective 1. Development and implementation of policy

26. Establishing a drug-related school policy as part of an overall school health promotion policy is fundamental to the successful involvement of schools in the prevention of drug abuse among young people. Governments will therefore be encouraged to establish or improve policies for integration of school-based preventive and health education within an age-appropriate and skills-based context, to describe a unified direction and approach, providing a strategy for implementation notably as concerns programming and development of curricula, defining ways of addressing the issue, and providing appropriate training for school personnel. This policy should in every aspect take into consideration the Convention on the Rights of the Child.

Objective 2. Comprehension of the nature of preventive education

27. To be effective, preventive and health education and health promotion must go further than imparting knowledge only. It must be directed towards skills development to forestall non-healthy lifestyles, and should in this respect reach children before the occurrence of excessive risk-taking behaviours. Educational institutions and teaching personnel will be sensitized to orient teaching styles towards problem-solving, communication and interaction, and to adapt them to the age of the students and to the socio-cultural context.

Objective 3. Integration of preventive education into established curriculum

28. Institutionalization and integration of preventive and health education into the curriculum greatly enhances its chances for survival and helps to avoid its becoming an additional burden on an already overloaded curriculum and heavy workload of teachers. Educational institutions will be assisted in designing and implementing preventive education and health promotion programmes to be integrated into a comprehensive health education context covering both physical and psycho-social health, addressing cognitive factors, attitudes and skills, emphasizing the individual and group behaviours that put a person at risk, both as concerns drug abuse and other health-related problems.

Objective 4. Recognition of the decisive role of teachers

29. The training of teachers is a crucial component of preventive education and health promotion. Teachers are in a unique position to interact with young people, but need adequate pre- and in-service training. Educational and teacher-training institutions will therefore be sensitized to provide appropriate training to teachers, and to involve them in every stage of the planning, implementation and evaluation of preventive education programmes. Students, and parents, should also be encouraged to participate in the process.

Objective 5. Promotion of community outreach activities

30. Schools are well placed not only to reach their personnel and students through formal education, but also the wider community via outreach activities. Educational institutions will be encouraged to enhance extra-curricular actions, to provide communication skills for students to act as health promotion agents for prevention of drug abuse, notably among out-of-school children and adolescents through coordination and cooperation between formal and non-formal education. Collaboration with the media will also be encouraged to ensure coherent messages in the community at large.

B. Drug abuse prevention among children and youth in especially difficult circumstances (plan of action 2)

31. The World Health Organization (WHO) served as Task Force Manager for the preparation of this plan of action in collaboration with the United Nations International Drug Control Programme, the United Nations Children's Fund (UNICEF), UNESCO, the United Nations Interregional Crime and Justice Research Institute (UNICRI), the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the International Labour Organization (ILO).

1. Statement of the issue/problem to be addressed

32. Adolescence is a time of experimentation, exploration, curiosity and identity search. Part of such a quest involves some risk taking, including the use of psychoactive substances (including all substances such as alcohol, tobacco, pharmaceuticals, indigenous psychoactive plants, inhalants and illicit drugs). Most young people who initiate substance use do not develop significant problems; with experimentation, a variable pattern of use and cessation is quite common. However, it is generally believed that young people from problematic backgrounds are more vulnerable and more likely to continue or escalate their substance use.

33. There is a strong correlation between other behaviours, such as precocious sexual activity, crime and educational failure, and the earlier than average onset as well as continuation of substance use. These are also associated with such environmental variables as: family disintegration, poverty, lack of accessible and useful recreational activities, lack of suitable alternative accommodation if the child cannot stay at home, relocation, oppression and discrimination. Substance use is also more likely to occur among young people from families that have inconsistent and low quality support of their children; provide a model of substance use; approve of substance use (explicitly or implicitly); lack closeness and involvement in the children's activities; have low educational aspirations; exert weak control and discipline; and emotionally, physically or sexually abuse their children.

34. The term "children and youth in especially difficult circumstances" covers a broad range of populations at risk of developing health and other problems. Within this group may be considered street children, working children, refugee and displaced children, indigenous and minority youth, children and youths with

mental and physical disabilities, youths in institutional care (such as orphanages and detention centres), young offenders, victims of war and civil unrest, child soldiers, children and youths from poor communities, individuals with learning difficulties and school "drop-outs", survivors of natural disasters, children of dysfunctional and abusive families (including those where substance use has been a problem), and those who have been sexually exploited.

35. The common denominator for all these groups is that the children and youths involved are exposed to higher levels of stress, both acute and chronic, than their peers of the same age living in the same wider community. Furthermore, it is more likely that these young people have few, if any, positive attachments, and few positive role models. They are also likely to be marginalized within their communities and have fewer opportunities to learn healthy life skills and access resources, including those for the prevention and treatment of substance use problems.

36. In a stressful environment, psychoactive substances are used by these young people in many circumstances to perform a function. However, while such substances can be used to keep awake for work, maintain alertness to possible violence, to sleep, to relieve hunger, or to anaesthetize physical or emotional pain, their use increases health risks and other problems, including high levels of exploitation and violence. The substances used by children and youth in especially difficult circumstances are usually those which are most readily available and cheap, for example, glue in market places, solvents in industrial areas, coca products in the Andean region, opiates in opium producing areas and, almost universally, various forms of inhalants, alcohol, tobacco, cannabis and pharmaceutical products.

37. The consequences of substance use are diverse, including acute and chronic health problems, disruption to interpersonal relationships (particularly within families), social marginalization, criminal behaviour, school failure, vocational problems and failure to achieve normal adolescent milestones. Whereas these complications are not limited to children and youth in especially difficult circumstances, their impact on these vulnerable young people is much greater. Furthermore, the behaviours adopted during childhood have an impact on their health as adults and the health of their children.

38. Owing to the imprecise definition of children and youth in especially difficult circumstances, the heterogeneity of these risk groups and the hidden nature of substance use within these populations it is difficult to estimate the extent of the problem. In 1992 it was estimated that 40 per cent of the world's population was 19 years of age or under, with 19 per cent aged between 10 and 19 years. Of those under 19 years, 86 per cent lived in developing countries. Globally it is estimated that there are approximately 100 million street children. ILO has estimated that in 1995 approximately 85 million children under the age of 15 years were working. Other estimates put this figure closer to 200 million. In developing countries over 26 per cent of students entering school are estimated to drop out before completing primary education. Over 100 million indigenous children and youth live in over 70 countries around the world, many displaced from their traditional lands. Over 130 million children, almost two thirds of them girls in developing countries, have no access to primary school education. Each year, several million more drop out of school

without the knowledge and skills that they need for a healthy and productive life. Today 885 million adults from the age of 15 and up are estimated illiterate, with women as their silent majority representing 565 million (over 63 per cent). It is estimated that from 5 million to 10 million children under the age of 10 years will be orphaned by the end of the 1990s as a result of deaths related to the acquired immune deficiency syndrome (AIDS), with 90 per cent of these children living in Africa. Furthermore, as much as 75 per cent of human immunodeficiency virus (HIV) transmission takes place before the age of 25 years in the mature epidemics of eastern and southern Africa.

39. As the umbrella term children and youth in especially difficult circumstances covers a wide range of disparate target groups, it is evident that no single strategy will be effective in preventing or responding to the problems of substance abuse to which they are exposed. However, it is recognized that in planning a response, interventions need to be comprehensive, multifaceted and appropriate for the target population. Substance use prevention and treatment programmes should not stand alone but should be integrated with other programmes and services that promote the healthy development of young people and address all risk behaviours. The overriding principles for any approach should be based on the Convention on the Rights of the Child, which calls for the right of children to information and skills, education and health services, a safe and supportive environment, and protection from the illegal use of drugs and involvement in drug production and trafficking.

40. A comprehensive programme of action should include the following elements:

(a) Outreach-based interventions. The basic concept of outreach is to locate interventions in settings where out-of-school, high risk and other hidden youth populations can be found (for example on the streets, in marketplaces, in the home or in places of work). Peers can be used as effective outreach workers. In responding to the overall needs of dislocated and homeless youths, interventions should link those at risk with survival services and positive role models;

(b) Community involvement, action and organization. Community involvement, action and organization is a strategy that involves the establishment of appropriate community infrastructures and mechanisms utilizing all agents of change in the community in efforts to prevent and respond to substance use problems and to promote the healthy development of young people. Participants in this approach should include children and young people, teachers, parents, health and welfare workers, community leaders, employers, employees' organizations, youth serving and other social service agencies, law enforcement and policy makers;

(c) School-based interventions. Although many children and youth in especially difficult circumstances are out of school, many others are in contact with both informal and formal education systems. Such systems need to be sensitized to the special needs of children and youth in especially difficult circumstances and incorporate effective school-based substance prevention interventions. Interventions should not be limited solely to the school setting, but rather the school should serve as the focal point for coordinating

multiple activities, including but not limited to family and community involvement and training;

(d) Health service-based interventions. Children and youth in especially difficult circumstances have limited access to health care services and are often discriminated against, despite the fact that they are more likely than members of the general community to suffer from mental and physical illnesses. Health services should be reoriented and health professionals sensitized to the special needs of such children and youth. The health sector should provide a focal point for the coordination and promotion of prevention, treatment and rehabilitation activities targeting problems associated with the use of psychoactive substances among children and youth in especially difficult circumstances;

(e) Mass media and advocacy. Mass media is potentially a powerful tool by which community attitudes may be influenced. To ensure the effective implementation of any intervention within a community a supportive and safe environment needs to exist. The mass media can inform the general public of the particular problems and needs of children and youth in especially difficult circumstances and assist in the mobilization of public support for interventions. Community advocacy can influence policies and political commitment in order to create a supportive wider environment, making interventions feasible and sustainable;

(f) Treatment. A minority of children and youth in especially difficult circumstances involved in substance use develop problems severe enough for them to require specific substance abuse treatment. Where possible, such treatment should be provided within the community and should be appropriate to age and development. Treatment services should be sensitive to issues of normal adolescent development and the specific needs and circumstances of children and youth in especially difficult circumstances.

2. Objectives

Advocate for the needs and rights of children and youth in especially difficult circumstances

41. Action and involvement at a community level is only possible if a supportive political and social environment exists. Such support may be enhanced through mass media strategies. Links should be established or reinforced with media to avoid the negative reporting on children and youth in especially difficult circumstances and to further specific messages to enhance positive, social values fostering favourable conditions for accepting these children back into society. Member States should be encouraged to develop and implement policies on children and youth in especially difficult circumstances. The promotion of the Convention on the Rights of the Child is core to this approach.

Strengthen community capacity to act

42. Children and youth in especially difficult circumstances live within communities and it is there where interventions should be sited. Community development and organization are critical components to any comprehensive strategy. The community should be involved at all stages of assessment, planning implementation and evaluation. Sustainability of programmes requires community support. For policies to be effective, the commitment within Governments must be founded on a broad social commitment among the communities.

Enhance knowledge for action

43. In order to plan and implement appropriate responses an understanding of the situation of children and youth in especially difficult circumstances is required. Children and youth in especially difficult circumstances are mostly marginalized within communities and often are not represented in general population or community surveys or accessed through other research. Both quantitative and qualitative data are required to inform on the nature, extent and trends of substance use among the various groups of children and youth in especially difficult circumstances. Particular attention should be given to research which informs the development of interventions including the identification of resiliency and protective factors for risk behaviours, including substance use. Specific research methods need to be further developed and promoted to access these populations.

Identify and promote effective interventions

44. Single approach strategies are likely to be ineffective in drug prevention or treatment. Interventions should be combined and tailored to the specific needs of the target population as determined through research. The efficacy of individual interventions should be assessed both in terms of specific methods utilized and their contribution to an overall integrated and comprehensive strategy. Successful pilot and demonstration projects may be adapted for different populations and situations. Substance use should be included as a component of programming for interventions along with other priority adolescent risk-taking behaviours.

Build networks and disseminate expertise

45. The establishment of networks of organizations and expertise helps to accelerate programming for action. Such networks facilitate the transfer of knowledge, experience and technology. Training is a critical component to this process. Peer educators must be recognized as agents which have an important role to play in the education of children and youth in especially difficult circumstances. The training of educational personnel for activities aimed towards children is crucial and has to be strengthened or established where it is non-existent. The educators themselves should play an important role in the preparation of training and educational materials, and the formulation of curricula and goal planning, in addition to assisting these target groups in developing life skills.

C. Drug abuse prevention among rural youth (plan of action 3)

46. This proposal has been prepared by the Food and Agriculture Organization of the United Nations (FAO) and is included in the United Nations System-Wide Action Plan on Drug Abuse Control as a possible plan of action for a system-wide approach to the specific target group. It has not been formally approved by any of the agencies identified as partners.

1. Drug abuse among rural youth in developing countries

47. Drug abuse is increasingly becoming a problem in countries where drugs are produced as well as in the more industrialized countries where drug addiction and related problems have been widely recognized for many years. Illicit drug and alcohol abuse and other associated problems, including HIV infection, are among the most serious problems facing young men and women on a global basis. Rural young men and women aged 10 to 30 years are a particularly vulnerable group of current and potential abusers of illicit drugs and alcohol. They are involved in the production of illicit drug crops, they are increasingly used by drug traffickers and they are becoming more heavily involved in the use of illegal drugs. Testimony in the Commission on Narcotic Drugs suggests that the costs of law enforcement far exceed educational efforts aimed at preventing or reducing the abuse of illicit drugs and alcohol by young people who are often tempted by curiosity or subjected to peer pressure.

48. The repercussions of drug abuse on families and communities (in terms of loss of income, education, health and social values) are critical and have far-reaching socio-economic ramifications. Drug and alcohol abuse are important factors in the spread of HIV/AIDS. According to the findings of a recent FAO field study in six Ugandan villages, inhibitions often break down when young people are under the influence of drugs or alcohol. Few prevention initiatives to date have tried to target rural young men and women in developing countries before they begin using drugs. "Some children start using drugs as early as 10 years of age. People use drugs when they want to gain courage to steal or to rape", said a young villager in Kabarole District in Uganda. Relationships between youth and communities or households are crucial in determining strategies for the future. In addition to problems directly related to drug abuse, HIV/AIDS and early pregnancy are issues that must be included in any multisectoral programme dealing with youth. An inter-agency approach to addressing these issues through formal and non-formal education and through governmental and non-governmental channels is essential if the full strength and comparative advantage of the United Nations system is to be brought into play.

49. Rural to urban migration and the resulting socio-economic changes in lifestyle also play a key role in creating drug dependency among young people. More than 40 per cent of rural to urban migrants in Latin America are young men and women between the ages of 15 and 25 years. Targeting young men and women in the rural areas before they migrate and enter high risk environments will necessitate new approaches in areas where prevention activities are, at present, very limited.

50. In recognizing young people not as a problem, but as a valuable human resource, society cannot afford to let them drift, unattended, in a sea of temptation and neglect. Wars are fought over mineral rights and the development of any given nation's natural resources. It is widely recognized that these natural resources should be guarded, nurtured and refined to their highest potential. Why then, should we take a short-sighted approach to developing young men and women to their highest potential through educational programmes that protect, nurture and develop them to their highest potential so they can contribute to society to the greatest degree possible?

2. Recognition of the problem

51. It was reported at an international consultative meeting of the working group for a world youth programme of action for youth towards the year 2000 and beyond that the vulnerability of young people to drug misuse and abuse has, in recent years, become a major concern at all levels of society. Initiatives aimed at reducing drug abuse among young people were identified as a top priority. To be effective, drug abuse reduction programmes need to address the interests and concerns of the individuals who are in highest risk groups. Young men and women between the ages of 10 and 30 years are the ones at greatest risk. They are mortgaging their future through drug addiction. They are the targets of those who stand to gain from the sales of illicit drugs. It is the youth audience that drug demand reduction programmes should address.

52. Formal education programmes through the schools and non-formal education programmes through youth organizations and the workplace can play key roles in seeking out high risk individuals and groups and in designing and carrying out meaningful programmes aimed at reducing drug abuse. Participatory methods, group activities and the transmission of organizational and vocational skills are critical elements of a successful drug programme as is the training of youth leaders in communication and counselling skills.

53. In order to address the root causes of drug abuse, it is important to identify ways of incorporating drug abuse and trafficking concerns into broad-based development strategies. There is a need to identify effective drug demand reduction approaches through formal and non-formal education. Development communication approaches are needed in order to reach all parts of the developing countries in the most effective manner and the sharing and dissemination of useful information through a variety of media approaches is essential. Beneficiary participation throughout the entire process is essential. The entire urban and rural educational system should include drug demand reduction components. At the community level these initiatives should be accompanied by national youth policies that include reference to creating opportunities for the training and gainful employment of youth.

3. A multi-disciplinary approach to demand reduction

54. In a multi-disciplinary approach, collaborating United Nations agencies would work together to gather information through base-line studies and to execute, in a collaborative manner, components of comprehensive programmes

designed to prevent and reduce drug and alcohol abuse among rural young men and women. In a coordinated approach, each specialized agency would be expected to bring its unique strengths to bear on the overall problem. It is recognized that an assessment of the problems related to drugs in any given country would have to be undertaken as an initial step in the preparation of the programme. Country profiles including a detailed look at the problems affecting rural youth would have to be developed in each pilot country.

55. The United Nations International Drug Control Programme as the designated lead agency would coordinate the development and implementation of an inter-agency, cross-sectoral, multi-disciplinary programme aimed at preventing and/or reducing the use of illegal drugs among rural youth in the developing countries. This audience-oriented approach focuses on rural young men and women, the key players in a global programme aimed at ensuring increased agricultural production that conserves our natural resources to the greatest extent and sustainable rural development that reduces the push of rural poverty that exacerbates the current high levels of rural to urban migration in many of the developing countries. The results of the programme activities would be jointly analysed and evaluated in order to provide the member Governments with a consolidated set of recommendations and suggestions for a course of action for the future.

56. The objectives and activities of each programme component would be compatible with the specific mandates of each agency (e.g., UNESCO, education and literacy training; FAO, sustainable crop production and rural development, education, extension and communication programmes; WHO, health-related issues; ILO, vocational training and issues related to the place of employment; the United Nations Industrial Development Organization (UNIDO), local industries and value added activities; UNICRI, research and documentation; Criminal Justice and Crime Prevention Division, law enforcement patterns and information on crime and punishment; UNICEF, working with children; the United Nations Population Fund (UNFPA), population education and family planning; and the International Fund for Agricultural Development (IFAD), small business enterprises, credit schemes, marketing, etc.). These components would also take into consideration each agency's implementation plan and memorandum of understanding with the United Nations International Drug Control Programme.

57. If followed through to a logical conclusion, a multisectoral, system-wide programming approach could facilitate work with the vulnerable rural youth audience by dealing with all aspects of the drug problem through a number of simultaneous activities including programmes in formal and non-formal education and competency-based training, demand reduction, construction of health facilities and addressing related health issues, law enforcement and crime prevention issues, alternative crop production and other drug-related issues in any given country.

4. Organizational approach to developing a multiple agency, multisectoral programme

58. In each pilot country, the programme would operate in three phases. In general terms, phase one would deal with the organizational aspects of developing a multiple agency, multisectoral approach to the prevention and reduction of drug abuse among rural young men and women. Phase two would cover the execution, ongoing monitoring and periodic evaluation of each programme component. Phase three would include a final evaluation exercise at the close of each project or component plus an evaluation of the overall system-wide approach to dealing with the rural youth audience at the end of a five-year period. All phases and related information concerning this system-wide approach should be open to Governments, organizations, agencies, non-governmental organizations, participants and interested observers through the World-Wide Web (WWW) of shared information over the Internet.

59. Phase one would include:

(a) Identifying the collaborating United Nations agencies;

(b) Formation of a multiple agency coordinating team under the leadership of a designated United Nations International Drug Control Programme officer;

(c) Defining the operational aspects of a multiple agency, multisectoral programme approach;

(d) Identifying pilot project countries;

(e) Assessing the problems and defining the issues to be covered through beneficiary participation;

(f) Developing each agency component of the programme and preparation of each agency's country-specific workplans;

(g) Agreement on United Nations International Drug Control Programme funding arrangements with each collaborating agency for each of the programme components;

(h) Signing of pilot project documents;

(i) Other related issues.

60. Phase two would include:

(a) Establishment of national coordination teams (overall and agency-specific);

(b) Identification of national coordinators and pilot project staff;

(c) Revision of country-specific workplans;

(d) Execution of pilot projects according to plans of work for each agency component;

(e) Monitoring and evaluation on a periodic basis including mid-term and final reviews that involve specialized agency, government (including beneficiaries) and United Nations International Drug Control Programme participation;

(f) Final evaluation of each sectoral programme component and discussions with government officials from each sector;

(g) Preparation of an overall programme evaluation and submission of report to the host Government;

(h) Discussion of final report with overall national coordinating team and other appropriate government officials;

(i) Examining the desirability of adapting the multiple agency, multisectoral approach for use in other countries.

61. Phase three would include:

(a) A final evaluation of the overall system-wide approach to dealing with the rural youth audience at the end of a five-year period;

(b) The preparation and dissemination of a comprehensive report on the strengths and weaknesses of the programme plus recommendations for future action.

62. Development objectives would include:

(a) To provide proven, field-tested and sustainable responses and support to Governments and non-governmental organizations that request information and advice on how to deal, in a comprehensive manner, with problems related to drug and alcohol abuse of rural young men and women aged 10 to 25 years. These activities would include the goal of enhanced technical cooperation among developing countries and the strengthening of other partnership activities;

(b) To create a holistic and coordinated approach to preventing and reducing the demand for illegal drugs through the United Nations system by bringing the strengths of each agency to bear on the complex problem of drug and alcohol abuse among rural youth in the developing countries;

(c) To provide Governments with field-tested approaches and comprehensive recommendations on how to reduce drug and alcohol abuse among rural youth based upon joint action from collaborating agencies within the United Nations system.

63. Immediate objectives and outputs would consist of the following:

(a) Immediate objective 1

To design and develop agency-specific programme components for each of the pilot countries.

Output 1.1

Within the first eight weeks of the initiation of the umbrella programme, participating agencies would complete the design and development of specific programme components for each of the pilot countries. Such a programme component would include an initial assessment of the situation in selected pilot countries as a first step.

Output 1.2

Within the first eight weeks of the initiation of the umbrella programme, participating agencies would have identified potential project personnel and cooperating organizations in each of the pilot countries.

(b) Immediate objective 2

To undertake specific pilot project activities aimed at the prevention of drug and alcohol abuse among young men and women in each of the pilot countries.

Output 2.1

Within the first six months of the initiation of the umbrella programme, participating agencies would have initiated specific pilot project activities aimed at the prevention of drug and alcohol abuse among youth in each of the pilot countries. Such programmes would be gender-specific and locally based.

(c) Immediate objective 3

To develop institutional capacity in government and non-government organizations for formal and non-formal education and the dissemination of information on the reduction of drug and alcohol abuse among youth.

Output 3.1

Within the life of the project, institutional capacities in government and non-government organizations would be developed to carry out formal and non-formal education programmes on drug and alcohol abuse, demand reduction and other drug-related issues. Such activities would include extension initiatives, outreach programmes from educational institutions and community development and non-governmental organization projects.

(d) Immediate objective 4

To develop a multi-disciplinary framework for working with rural young men and women on drug-related issues in each of the pilot countries.

Output 4.1

Within the life of the project, a multi-disciplinary framework for working with rural young men and women on drug-related issues would be developed in each of the pilot countries. Such a framework would be designed so that it can be adapted to drug demand reduction activities in other interested countries.

D. Drug abuse prevention in the workplace (plan of action 4)

64. The International Labour Organization (ILO) served as task force manager for the preparation of this plan of action in collaboration with the United Nations International Drug Control Programme, WHO, the International Maritime Organization (IMO) and the International Civil Aviation Organization (ICAO).

1. Statement of the problem

65. Substance abuse has long spilled over from marginalized groups into the mainstream of society. Abuse of substances can weaken and tear the delicate fabric of modern community, already in upheaval and turmoil in the face of many changes. A microcosm of communities and organizations, the individual workplace mirrors the malaise present in society when it comes to drug and alcohol problems. The direct and indirect ramifications of substance abuse in the workplace are numerous:

(a) Absenteeism is two to three times higher for drug and alcohol users than for other employees;

(b) Some 20 to 25 per cent of accidents at work involve intoxicated people injuring themselves and innocent victims;

(c) On-the-job fatalities linked to drugs and alcohol account for 15 to 30 per cent of all accidents;

(d) Employees experiencing drug and alcohol problems may claim three times as many sickness benefits and file five times as many workers' compensation claims;

(e) Studies show that some 70 per cent of people with alcohol-related problems and more than 60 per cent of drug users are reported to be employed.

66. The hidden financial costs associated with alcohol/drug use, such as lost productivity, compensation claims, or lost business opportunities are

substantial, as are the human costs such as loss of jobs, loss of skilled workers, and strained labour relations.

67. An important factor to remember in considering the relationship between the workplace and drug and alcohol is that problems occur in several ways, as a result of occasional intoxication, regular use or actual dependence. Dependent users may have more continuous problems, but the occasional or moderate users may cause more problems simply because there are very many more of them having the occasional mishap or even serious incident.

68. Clearly, the problem is very complex. On the one hand, studies show linkages between alcohol and drugs and certain working conditions such as social pressures to drink or use drugs, freedom from supervision, stress, precarious employment, monotonous work, shift work and night work. On the other hand, alcohol and drug use have negative consequences in the workplace, which include deteriorating health, increasing absenteeism, lowered job performance, increased accidents and increased disciplinary action.

69. A great deal can be done, however, to alleviate drug and alcohol problems in the workplace, and the United Nations system has a major contribution to make to the improvement of the understanding of the problems at hand. Above all, certain truths need to be observed:

(a) People can be sensitized to the issues through prevention measures before they develop serious problems;

(b) Substance abusers can recover and lead fruitful lives;

(c) Work is vital to recovery, and contributes profoundly to securing dignity and a place in the world for the recovering person.

70. The scope and enormity of the drug and alcohol issue has led to a global response from the entire United Nations system, the means of action for which are as follows:

(a) Collect and analyse data;

(b) Formulate guidelines for enterprise and union policy;

(c) Contribute to the formulation and the revision of national policies on drugs and alcohol;

(d) Elaborate resource material for workplace and community intervention strategies and programmes;

(e) Promote substance abuse awareness through seminars, meetings and symposia;

(f) Plan and implement staff training courses and demonstration programmes;

(g) Maintain relations with concerned agencies and organizations;

(h) Provide technical advisory services;

(i) Evaluate the effectiveness of programmes.

2. Objectives

71. The abuse of drugs and alcohol is an intrinsic threat to such basic goals as economic and social well-being, fundamental human rights and social justice, constructive development, adequate employment and satisfactory conditions of work and pay.

72. The increasingly detrimental effect of drugs and alcohol on the workplace is a problem that is gaining more and more recognition as Governments, workers and employers agree that it is a common dilemma - one that would require a concerted effort on the part of all three to tackle.

73. The United Nations system acts on a number of areas of interrelated activities with the overall objective of developing strategic alliances for ongoing collaboration with a maximum number of Member States and organizations. ILO plays an especially important role with regard to prevention in the workplace. The main objectives in implementing a workplace drug and alcohol prevention and assistance programme are:

(a) To protect the health and welfare of workers;

(b) To contribute to the containment and management of problems associated with substance abuse in the workplace;

(c) To protect the performance level of enterprises by reducing absenteeism, loss of productivity, accidents and damages;

(d) To promote the improvement of working conditions with the aim of reducing factors which contribute to substance abuse;

(e) To promote compliance with occupational health and safety standards;

(f) To ensure that workplace programmes are in harmony with and reinforce action at the community level.

74. The needs and interests of Governments and employers' and workers' organizations are not incompatible when it comes to tackling drug and alcohol issues. In fact, a central point to bear in mind is that only through an integrated approach will long-term and lasting reduction of substance usage be achieved in the workplace.

75. The existence of a wide variety of responses, from the very simple to the highly complex, allows every entity to assess its problems and resources and decide what approaches to take. These decisions may be based on attempting to find the right fit between the scope of the actual needs, with the available enterprise or community resources, local legislative requirements and socio-cultural factors.

E. Women and drug abuse: the gender dimension (plan of action 5)

76. The United Nations International Drug Control Programme served as task force manager for the preparation of this plan of action in collaboration with WHO, UNESCO, UNICRI, UNAIDS and FAO.

1. Problem statement

77. Social attitudes to women have often led to women's substance abuse-related problems being concealed. However, assessment of drug abuse from a gender perspective dispels the misconception that substance abuse is exclusively a men's problem. The illicit supply of and demand for drugs are increasing in many parts of the world, and increasing numbers of women are therefore affected by drug abuse, whether or not they are drug users themselves. Their lower status and the gender roles assigned by society result in unmet needs which are experienced both by drug-using women and female partners of male drug abusers in various social, cultural and economic environments. Furthermore, it has been found that women are more likely than men to become infected with HIV through both sexual transmission and intravenous injection. To understand the impact of drug abuse on women, to identify effective preventive interventions and to design demand reduction and rehabilitation programmes, it is essential to focus on gender relations but not necessarily, however, to deal with women and men separately. Society's assigned roles and perceptions also play a part in the way men and women are involved in illicit trafficking; are vulnerable to punitive actions from the law enforcement sectors; are subject to human rights violations; and are perceived in the community. However, the position of women in a society is not only defined by their gender roles but, as that of men, varies with class, age, religion and culture.

78. Until recently, drug control approaches were not sensitive to the gender dimension: analysis and interventions did not consider the impact of gender relations on the phenomenon of drug abuse or on the processes of prevention, treatment, relapse prevention and social reintegration. The hidden nature of the problems of drug abuse among women perpetuated the disregard of gender relations in drug control interventions, and the lack of gender-disaggregated data further minimized the issue.

79. This situation has been changing gradually during the last years and a joint initiative of the United Nations International Drug Control Programme, the Division for the Advancement of Women of the Department for Policy Coordination and Sustainable Development of the United Nations Secretariat and WHO on gender analysis in drug abuse has helped to make the gender-related dynamics visible in this field. This initiative resulted in a 1994 background paper prepared for the Commission on the Status of Women on a United Nations system position paper on women and drug abuse. The accompanying technical research reports include the following subjects: (a) women and drug abuse: a gender analysis and health and policy implications, the first document to provide a gender analysis of the drug field; (b) women and drug abuse: country reports (1992); and (c) women and drug abuse: country reports (1993). The latter two documents consist of 27 country situation assessments of women and drug abuse. It was found from all

27 country studies that attention should be paid to women's needs that are derived from the socially assigned gender roles, both productive (e.g., income generation related matters) as well as reproductive (e.g., child care related matters).

80. All these documents, which are available from the United Nations International Drug Control Programme, reveal that gender relations constitute an essential factor in understanding how a person experiences the phenomenon of drug abuse in a given society. They provide information on how drug abuse affects and involves women in different ways than men:

(a) As drug abusers:

(i) The physiological effects of substance abuse differ between women and men;

(ii) Women are prescribed more sedatives and tranquillizers than men;

(iii) Women are at higher risk of HIV infection than men both as injecting drug abusers and through sexual transmission;

(iv) Owing to their status in society and the social stigma attached to women drug abusers in many countries, the shame element leads to hiding the habit and the women fail to seek help and suitable facilities are not available to them;

(b) As persons affected by drug abusers:

(i) When the main family income generators are men, in the case of their incapacitation caused by drug abuse, the women in the family are forced to generate the entire income for family survival;

(ii) Women are at risk of HIV infection through sexual relations with male partners who are drug abusers and are HIV positive;

(iii) Women are seen as the principal care-givers in society and are thus more likely than men to be expected to carry the major share of caring tasks related to drug abuse in the family;

(iv) Women are more likely to be subjected to domestic violence which is often associated with substance abuse;

(c) As producers and mules:

(i) Women bearing the responsibility of ensuring the family income have more limited options to do so than men and thus might often have to revert to drug-related income sources. Similarly, as drug abusers, women are more susceptible to becoming involved in sex work and drug peddling in order to finance their addiction while men rather tend to engage in other criminal activities, such as theft;

(ii) In some countries, differential (often harsher) sentences are delivered to women than to men for similar drug-related offences;

(d) As potential agents of change:

(i) Women are the traditional dispensers of health care and health knowledge within the family;

(ii) Many primary school teachers and nurses are women and give children their early knowledge about health and hygiene;

(iii) Women are often the motivators and supporters of social, health and development activities at the community level.

81. At its thirty-eighth session, in 1995, the Commission on Narcotic Drugs adopted a resolution in which it urged Member States to "recognize, assess and take into account in their national policies and programmes the problems that drug abuse poses for women" as well as "to develop and test activities to respond in an innovative way" to these problems. 1/

82. During the Fourth World Conference on Women, held at Beijing in September 1995, a special event on women, drug abuse and addiction was organized jointly by UNDCP, UNICRI, the Vienna NGO Committee on Narcotic Drugs and the Vienna NGO Committee on the Status of Women. The Platform for Action adopted by the World Conference, in its section on women and health, includes provisions aiming, inter alia, at improved treatment and rehabilitation services and prevention programmes for women. The Secretary-General is strongly committed to assuming responsibility for coordination of policy within the United Nations for the implementation of the Platform for Action and for the mainstreaming of a system-wide gender perspective in all activities of the United Nations system (see A/50/744, para. 93 (j)).

83. The primary focus of this plan of action is on the need for a consistent and concerted effort to make gender analysis results visible. The second area of focus is on support to the development, dissemination and implementation of effective gender-sensitive interventions to deal with drug control-related issues. The third is geared towards the empowerment of women within the community and at decision-making levels to participate actively in reducing all aspects of drug abuse.

2. Objectives

84. The objectives are as follows:

(a) Awareness raising on gender-related issues in drug control through gender-disaggregated data collection, analysis and reporting on the illicit production, manufacturing, trafficking and abuse of narcotic drugs and psychotropic substances, as well as on the use and abuse of "gateway" substances such as alcohol, tobacco and volatile solvents;

(b) Development of methods to incorporate the gender dimension into interventions related to drug abuse control;

(c) Increased appropriateness and availability of effective gender-sensitive actions in all fields of drug control;

(d) Promotion of gender-sensitive leadership in the drug field; providing training to identify gender issues and implications; and increasing the representation of women at all levels of administration involved in drug issues.

F. Assessment of drug abuse: data collection (plan of action 6) 2/

85. This plan of action has been prepared jointly by the United Nations International Drug Control Programme and WHO. These are the two entities within the United Nations system involved in the assessment of drug abuse and the differences in their mandates should be understood. Although the United Nations system recognizes the existence of linkages between illicit drug abuse and the use of other substances such as alcohol and tobacco, the work of the United Nations International Drug Control Programme in demand reduction is limited to narcotic drugs and psychotropic substances as defined by the international conventions. The mandate of WHO is broader, encompassing the negative health consequences of any substance use.

1. Problem statement

86. The availability of reliable and comparable data is a prerequisite for effective interventions designed to reduce the demand for drugs. Interventions, whether designed to control supply of illicit drugs, reduce demand, or to achieve both, should be based on a strategy that assesses needs and resources both prior to and during the development and implementation of that strategy. The impact or success of interventions should be assessed through monitoring and evaluation and, where necessary, interventions should be modified or rejected. At all stages of this process of planning, development, implementation and evaluation there is a need for timely and relevant data and information. Such information allows for the identification of drug abuse patterns and trends to enable early and targeted interventions and appropriate allocation of resources, assessment of the effectiveness of interventions and measurement of outcomes.

87. At the present time, global drug abuse data are scanty and scattered in different forms and places. The data that are available are not always up to date or consistent. Furthermore, there is a dearth of internationally agreed upon definitions which could form a solid basis for collecting comparable data among Member States. The method of data collection also varies. In any one country, the data collected vary by age grouping and differences in the types of questions posed. The range of age and segment of population where the data are collected are even more diverse between countries. Only a very few countries have a comprehensive population-based longitudinal epidemiological drug survey in place. Even fewer countries have a registry of drug dependents or a systematic early-warning system.

88. Methodological difficulties in assessing the extent, nature and consequences of drug abuse are recognized. The stigmatized, and often illegal, nature of substance abuse means that often such abuse is a "hidden" activity, until such time as problems associated with it make certain abusers visible. For this reason, while the overall rates of the abuse of certain drugs in the general population may be low, the numbers of substance abusers in certain institutions (e.g., prisons, hospital emergency rooms) appear disproportionately high. In addition, many drug abusers are marginalized by society.

89. To meet the need for timely and relevant information, the development, implementation and support for epidemiological monitoring are required. The development and implementation of substance abuse assessment is a continuous process which draws upon and adapts a wide range of tested methodologies, data, information and expertise from established epidemiological networks as well as from social and anthropological disciplines. The assessment of substance abuse must be sensitive to innovations in the field of epidemiological data collection and also adopt alternative, supplementary techniques to fill the gaps left by that data collection.

90. To ensure appropriate policy formulation and planning of appropriate responses to the growing drug abuse situation world wide, it is essential to have systematic routine epidemiological data collection to facilitate the verification of trends and patterns. This includes the assessment of patterns and trends in substance abuse and its health and social consequences; the strengthening of country capacity to do so; and the assessment of the health risks associated with substance abuse.

91. At the international level, the International Drug Abuse Assessment System is a repository of information received by the United Nations International Drug Control Programme in response to the annual reports questionnaire. It is being developed and refined in order to facilitate use of the information.

92. In addition, rapid assessment complements the longitudinal routine data collection system by providing focused, in-depth, cross-sectional situation analysis, particularly among "hidden" populations, making quick, responsive, programmatic interventions possible. The rapid assessment methodology, which had been used successfully for other purposes, has been adapted to apply to the drug abuse situation and since 1993 it has been applied systematically for studies in a number of countries. The methodological procedure is now being standardized and a draft training manual is being developed. Regional training on rapid assessment based on this methodology and training manual will be conducted by the United Nations International Drug Control Programme.

93. As a continuing priority, national and regional capabilities to implement monitoring and surveillance systems should be strengthened through the provision of training and guidance in collecting, collating, validating and interpreting data and disseminating the findings. Technical assistance will be provided to Member States to enhance their capabilities in epidemiological data collection and rapid assessments. Generalizable definitions, methodologies and indicators of substance abuse will continue to be adapted, tested and improved. Information on drugs and related issues will continue to be disseminated in order to improve national, regional and local strategies in reducing substance

abuse. The nature and scope of the task and the challenges presented ensures that both the United Nations International Drug Control Programme and WHO will continue to collaborate with key partners to maximize available resources both in funding and in expertise.

2. Objectives

94. The objectives are as follows:

(a) To develop, test, refine and promote generalizable definitions, indicators of drug abuse and data-collection methods;

(b) To assess and describe patterns and trends in the extent, nature and social, economic and health consequences of substance abuse as well as the effectiveness of interventions; 3/

(c) To strengthen national capabilities in assessing, monitoring and evaluating substance abuse and its consequences and to permit utilization of the information gathered in formulating appropriate responses.

Notes

1/ Official Records of the Economic and Social Council, 1995, Supplement No. 9 (E/1995/29), chap. XII, sect. A, resolution 3 (XXXVIII).

2/ At the date of publication of the present document, this plan of action had not been cleared by the Subcommittee.

3/ Certain elements of this objective will be incorporated in other plans of action in the future.

ANNEX

Overview of participating agencies

1. This overview is intended to provide an indication of the diversity and scope of the interests and mandates of the major collaborating agencies and how these converge in the common need to fight drug abuse. It is based on text prepared by the agencies concerned; texts from other agencies will be added subsequently.

United Nations International Drug Control Programme

2. The United Nations International Drug Control Programme has been designated by the General Assembly to lead and coordinate work of the United Nations system in matters of international drug control. It provides secretariat support services for the Commission on Narcotic Drugs and for the International Narcotics Control Board. The Programme provides advice to Member States concerning implementation of international drug control treaties and assists States in acceding to and implementing these treaties.

3. The Programme addresses all aspects of the drug problem, including measures to reduce illicit supply, traffic and demand. It designs and implements technical cooperation programmes relating to drug control and assists Governments to develop programmes targeting the various aspects of the problem. In addition, the Programme encourages and supports subregional initiatives to respond to problems that affect several neighbouring countries at the same time. It also undertakes activities at the global level intended to develop methodologies and to increase the knowledge base with regard to drug control issues.

United Nations Children's Fund

4. As the impact of the child survival revolution is felt around the world, UNICEF is able to devote more attention to the health of adolescents. Not only are the majority of adolescents included in the definition of "child" contained in the Convention on the Rights of the Child, but young people's health and development have a major impact on their health and productivity as adults and on the health of their children and on their capacity to be caring and supportive. Young people's health and development will therefore be central to achieving the goals of the World Summit for Children, to activating the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women, and to the follow-up on the international conferences on population and development and on women.

5. UNICEF focuses on a group of risk-taking behaviours and problems that have common antecedents and are linked together in terms of cause and effect. These include unwanted and unsafe sex (giving rise to teenage pregnancy, HIV infection and other sexually transmitted diseases); psychoactive substance use, including tobacco and alcohol; violence and accidents; and poor nutrition and certain

common endemic diseases. In order to meet young people's needs for information and skills development, access to services and a safe and supportive environment (both the immediate environment of family and friends and the wider environment created by societal values and norms, policies and legislation), UNICEF programming approaches concentrate on the following key areas: national plans of action; school health programmes; youth-friendly health services; health promotion and outreach through non-governmental organizations; and health communication through the mass media and entertainment, into which it is possible to integrate the drug abuse prevention message.

Joint United Nations Programme on HIV/AIDS

6. UNAIDS brings together six organizations of the United Nations system (UNICEF, UNDP, UNFPA, UNESCO, WHO and the World Bank) and has been operational since 1 January 1996. The mission of UNAIDS is to lead, strengthen and support an expanded effort to prevent HIV transmission, provide care and support, reduce impact, and alleviate individual and communal vulnerability to HIV/AIDS. Its major focus is on building up national capabilities for expanded action. Its roles are policy development and research, provision of technical support, and advocacy. UNAIDS supports operational research involving non-governmental organizations and community projects intended to minimize HIV risk among drug users, and provides technical assistance in the design and evaluation of prevention projects.

International Labour Organization

7. The priority objectives for ILO for the coming years are: the promotion of democracy and human rights; the alleviation of unemployment and poverty; and the protection of working people. Within this framework, the ILO programme on drugs and alcohol therefore has the following objectives: (a) the adoption by enterprises of measures to prevent, contain and manage problems associated with drugs and alcohol at the workplace; and (b) the reduction of discrimination in employment against recovering drug users through their enhanced access to rehabilitation services and greater opportunities for social and vocational integration.

United Nations Interregional Crime and Justice Research Institute

8. The objective of UNICRI is to contribute, through research, training, field activities and the collection, exchange and dissemination of information, to the formulation and implementation of improved policies in the field of crime prevention and control, due regard being paid to the integration of such policies within broader policies for socio-economic change and development, and to the protection of human rights. The Institute assists intergovernmental, governmental and non-governmental organizations in their effort in this regard. UNICRI carries out research and training activities, as well as technical cooperation in various crime prevention and control-related issues and drug abuse prevention.

United Nations Educational, Scientific and Cultural Organization

9. UNESCO contributes to drug demand reduction through its preventive education programme within the framework of the United Nations Global Programme of Action. UNESCO strategy is based on: (a) coordinating with other United Nations agencies, non-governmental organizations and Member States; (b) undertaking social studies and socio-epidemiological surveys; (c) reflecting on techniques and adapting them to local conditions; (d) stressing street work and non-formal education for children and youth in especially difficult circumstances; and (e) linking AIDS prevention to drug abuse prevention in comprehensive school health education programmes. The objectives are for it to become an integral part of both the in-school and out-of-school educational structures, providing information and forming and developing the personalities of children and young people by guiding their behaviour and helping them create new social attitudes.

10. UNESCO: (a) assists Member States in the implementation of pilot projects and elaboration of strategies introducing the preventive education element in the national or regional plans of action; (b) organizes teacher-training workshops and seminars in pedagogical preventive techniques and their adaptation to different contexts, training of street educators and social workers serving street and working children; (c) coordinates information networking and exchange among governmental and non-governmental organizations working in the field; and (d) gives methodological support to research activities, promotes awareness-raising action. It also produces written and audio-visual material, supports contributions to and cooperation with non-governmental organizations to develop techniques on preventive education and pedagogical methods for rehabilitation work.

World Health Organization

11. The objective of WHO is the attainment by all peoples of the highest possible level of health. In this context it is committed to the prevention and reduction of the negative health, social, legal and economic consequences of substance use; to ensuring equitable access to health services; to the promotion and protection of health; and to the creation of healthier lifestyles and safer environments. Here "environment" is interpreted in its widest sense, to include not only the physical environment but also political, economic, social, legal and cultural conditions. This approach reveals that what is required to deal with substance abuse is a process which focuses not only on individual health or specific target groups but also on the wider context in which substance abuse occurs. A public health-oriented response to the problems associated with substance abuse is a prerequisite for effective intervention. Such a response recognizes that while controlling the supply of substances through law enforcement and the criminal justice system will remain a priority for the foreseeable future, reducing the illicit demand will have a more important impact on the negative consequences of substance abuse.